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Testimony on S.B. 1136: AAC Mental Health Services
Public Health Committee
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Submitted by: Stephen Karp, MSW

The National Association of Social Workers, Connecticut Chapter supports AAC Mental Health Services and urges the Public Health Committee to work toward its passage. Of particular interest to us is Section 2 that calls for establishment of a regional behavioral health consultation and care system similar to the Massachusetts Child Psychiatry Access Project (MCPAP).

Occasionally a bill is introduced that is, simply put, a great idea. Development of a regional behavioral health consultation and care system that offers pediatricians and other primary care providers a resource for mental health consultation and service is such a bill. I spoke to my counterpart in the Massachusetts NASW as to what their experience has been with the Massachusetts Project. Her response was “it is terrific”.

It is well demonstrated that the earlier a child’s mental health issues are identified and addressed the better the likelihood for successful treatment and prevention of further issues. Unfortunately, children are too often well into their school years before a mental health problem is properly diagnosed. Part of the reason for this is that primary medical care providers are not adequately trained in the identification of mental health problems. The other main problem is that there is no one systematic and easily reachable resource for pediatricians and other primary care providers of children to access for consultation when a mental health problem is suspected.

This week I had a call from a parent who has a preschooler with mental health needs. The purpose of the call was to seek help in having her new insurance continue to cover care for her son, who had been seeing a clinical social worker who would go to the son’s preschool and work with the child and the school staff. She reported that her son went from being the “problem child” to the “model student” due to early and appropriate care. I asked her how she found the care she needed and she said she is a well educated health care provider who knew that her son needed specialized care. I tell this story for two reasons: it demonstrates that even at a very early age mental health services are effective; and it shows that the identification of the problem was made by the parent that happened to be a health care provider. For most young children in need of mental health care that is not the case. Typically parents rely on their primary care provider but the primary care provider too often has no one to rely on for consultation related to mental health.

This Legislature has appropriately been moving to results based accountability when considering the funding of programs. In Massachusetts the MCPAP was evaluated as to parent’s experiences with the program. Seventy-nine percent of respondents agreed that the services were offered in a timely manner, fifty percent agreed that the child’s situation improved after contact with MCPAP staff, and sixty-nine percent agreed that the services met their family’s needs. Likewise, a survey of Primary Care Providers within the MCPAP system of care showed strong support from providers for the services provided to them as providers and to their patients.

MCPAP has a full-time child psychiatrist, one full-time and one part-time clinical social worker/psychologist and one full-time care coordinator in each of its regions. The service utilizes telephone consultation, in-

person intervention with families where needed and education to primary care providers. Such consultation and assessment offers children and families, through the primary care provider, appropriate mental health care. Perhaps even of greater importance, it helps to address the use of psychotropic medication prescribed to children by assuring that medication is only utilized when absolutely needed and that dosages are at the minimum level for successful treatment. It is a model of care that has a successful track record and NASW/CT strongly recommend it be brought into our state.

Finally, we would recommend that the CT Department of Public Health and the CT State Department of Education participate in coordinating such a system, so that the consultation system could effectively coordinate with school mental health personnel.